

Nutrition

Early Stages of Dementia

Goal

- Person maintains good hydration and nutritional status while having maximum independence

Key Assessment Issues

General

- Person may begin to decrease variety in diet, i.e., eat mostly cereal, soup, sweets, drink only soda – resulting in vitamin deficiency, especially B complex vitamins (needed for good cognition)
- May occasionally forget to eat, or forget that they already have eaten, and eat again
- May forget to drink, or deliberately restrict fluids (for less frequent urination), resulting in dehydration and complication of concurrent health problems and/or reduced cognition
- Caffeine consumption may add to incontinence and/or agitation problems
- Alcohol consumption patterns may change – 5 pm cocktail may turn into 2-3, drinking more because she's forgotten she already had one

Judgement

- May be unaware of spoiled food in refrigerator
- May eat from dirty dishes or saved containers that have not been properly cleaned
- May forget that food is cooking on stove - resulting in burning or fire, or lose track of cooking times and serve food that is not cooked sufficiently

Possible Interventions

General

- Make available a variety of high quality and nutritious foods, choose foods with longer shelf life and easy access (e.g., nutritional soups with pull-top can openings, pre-sliced cheese, fresh fruit, etc.)
- Keep non-perishable snacks, juice and water in sight (e.g., on counter, table) to encourage consumption, also give prompts
- Encourage doctor approved vitamin B complex and other supplements needed (e.g., multivitamin, vitamin E, C, etc.), combined with foods high in B vitamins that the person likes, e.g., whole and enriched grain products, bananas, dairy products and leafy greens (research shows B vitamins essential to good cognition, and consumption of a combination of foods and supplements yield best results)
- Have doctor monitor blood nutrient levels periodically if a deficiency
- Eliminate items with high caffeine, substitute where possible or mix half and half
- Provide variety of fluids to encourage fluid intake as much as possible (soup, fruit juice, popcicles, nutritious shakes, decaffeinated coffees or teas, etc.)
- Monitor alcohol consumption, remove bottles from sight, add water to drinks
 - Watch for consumption of “copycat” drinks that may have alcohol in them unknowingly (e.g., hard lemonade or iced

Judgement

- Check refrigerator and cabinets for spoiled foods, discard discreetly if person objects
- Check cabinets and rooms for saved containers and soiled dishes
- Consider dishwashing assistance, disposable dishes
- Look for burned pots and pans, encourage use of microwave instead and supply microwave-safe cooking items (remove/store metal cookware)
- Consider disconnecting or modifying stove (see planning

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Nutrition

	area # 7)
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Nutrition

Early Stages of Dementia (continued)

Goal

- Person maintains good hydration and nutritional status while having maximum independence

Key Assessment Issues

Complex Tasks

- Person may have trouble with complex meal preparation (e.g., leave out some ingredients in recipes, forget to prepare parts of the meal, etc.)
- May begin to have problems with grocery shopping
- May skip meals, not eat on days when home delivered meals are not to liking or not sent

Communication

- Person's testimony about food eaten and when, may be unreliable

Possible Interventions

Complex Tasks

- Simplify menus
- Provide assistance with grocery shopping
- Consider home delivered meals, and/or providing assistance with meal preparation
- Have frozen or pre-made and ready to heat alternatives available for gaps in delivered meals – weekends, holidays, or when person doesn't like delivered meal and won't eat it

Communication

- Set up ways to monitor if food is eaten (e.g., neighbor or family dropping over at mealtime, monitoring cabinets, refrigerator and garbage, etc.)
- Monitor weight, how clothing fits

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Middle Stages of Dementia

Goal

- Person maintains good hydration, nutritional status and healthy body weight

Key Assessment Issues	Possible Interventions
<p><u>General</u></p> <ul style="list-style-type: none"> • Person may forget to eat and drink May not open delivered meals - may leave them out to spoil • May not recognize eating utensils or remember how to use them properly • May begin to experience changes in ability to eat (chewing, limited attention span, may not wear dentures) • May begin to eat high sugar items frequently • May lose interest in food, have a diminished sense of smell • May become difficult to maintain weight, especially if person has high energy and activity levels (e.g., pacing, moving around a lot) • May become unable to communicate hunger - which is triggered by the sight of food (out of sight out of mind) <p><u>Complex Tasks</u></p> <ul style="list-style-type: none"> • Person becomes unable to prepare food without supervision • May be overwhelmed by many foods on plate • May begin to use inappropriate table manners, not recognize utensils <p><u>Judgement</u></p> <ul style="list-style-type: none"> • Person may eat spoiled food that he is hiding/saving (leftovers taken to room, cookies/crackers, etc., placed in pockets or belongings) • May eat non-food items thought to be food • Person's testimony about if or when food has been eaten is unreliable 	<p><u>General</u></p> <ul style="list-style-type: none"> • Continue early stage interventions • Evaluate need for, and implement, supervised meals and supplements where required • Maintain good oral hygiene and dental care • Provide environment of person's past routine for eating as much as possible: social, relaxed, sensory stimulating and pleasant atmosphere. Eat with another person whenever possible <p><u>Complex Tasks</u></p> <ul style="list-style-type: none"> • Provide caregiver with information to aid in problem solving about food and fluids: <ul style="list-style-type: none"> - Offer finger foods at frequent intervals for eating on the go (while pacing, etc.) or if no longer able to use utensils - Provide variety of fluids at regular intervals - Provide sweet foods that have nutritional value, limit sugar intake - which could dull appetite - by using other sweeteners - Use seasonings and color to make food appealing and attractive - Serve foods one at a time, serve on small plates, to make portion sizes seem less - not so overwhelming - Simplify eating area by removing other items from table/counter - Avoid distractions such as TV - Redirect back to table area or offer frequent small meals if person is leaving table before meal completed. Offer foods that person can eat while pacing if s/he will not sit - Use food aromas to stimulate appetite – bake small pan of vanilla or cinnamon in oven on low, bake bread/foods at meal/snack times - Prepare and serve favorite foods, especially at mealtime when smell can aid in increasing appetite <p><u>Judgement</u></p> <ul style="list-style-type: none"> • Search for and discard saved food regularly • Remove non-food items that look like food • Monitor food and fluid intake, body weight

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Late Stages of Dementia

Goal

- Person/caregiver satisfied with diet and nutritional status and caregiver understands nutritional end of life issues

Key Assessment Issues

General

- Person may pocket food
- May not recognize food or what to do with it
- May refuse to wear dentures to eat, or dentures may not fit, cause discomfort
- May forget how to chew
- May lose weight even with adequate diet

Complex Tasks

- Person may need to be fed by someone or she doesn't eat
- May either forget to swallow or become less capable of swallowing
- May still be able to participate in the eating process

Possible Interventions

General

- Continue middle stage interventions
- Encourage referral to dietician for nutritional consultation
- Offer liquid nutritional supplements, obtain physician order for medical reimbursement
- Maintain good oral hygiene and dental care to reduce risk of bacterial growth
- Advocate for person, refer family to advance directives or end-of-life choices voiced previously (see planning area # 6)
- Encourage conversation with physician regarding pros and cons of feeding tubes if wishes are unknown
- Support family in decisions regarding feeding tubes, withdrawing nutritional support (see planning area #3)

Complex Tasks

- Arrange for a volunteer, family and staff to be trained on feeding techniques so assistance is provided at all mealtimes
- Encourage referral to speech and/or occupational therapist to evaluate swallowing, monitor closely for food aspiration
- Modify foods for ease of chewing and swallowing – soft, pureed, small textures, thickened liquids
- Alternate one bite of hot food/one bite of cold, or sweet/tart or grated/creamy etc. when feeding - to provide contrast which helps to stimulate swallowing
- Allow as much time as person needs to complete tasks, provide encouragement and praise
- Make eating time pleasant, relaxed; soft music, lighting, good food smells, gentle conversation with few distractions
- Feed with dignity, not as a child: use apron rather than bib, give choices, ask if food is too hot or too cold, tell person which food or fluid is being served with each bite or sip
- Use natural reflexes to keep eating skills as long as possible, e.g., placing cups or utensils in person's hand, eating along with them as in a mirror, etc. (see planning area #1)
- Provide cues to help person realize past associations with meal-time - continue to eat sitting up in chair at table as long as able, give person a spoon to hold while being fed

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